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Addressee: Mail Stop Amendment FAX NO. (703) 872-9306  
(COMPANY)Commissioner for Patents Direct Dial \_\_\_\_\_  
(INDIVIDUAL)From: Stephen E. Arnett Date October 21, 2004Cover Sheet & 24 page(s) Client Number 32922-8001US6Return to Sandy Reisman / 3744 / 41-14  
NAME EXT. OFFICE LOCATIONOriginal document(s) will be: ☐ sent to you ☒ held in our files

IN RE APPLICATION OF: KENT DOUGLAS ELLIS ET AL.

APPLICATION No.: 10/657,809

FILED: SEPTEMBER 8, 2003

FOR: **HEATING PAD SYSTEMS, SUCH AS FOR  
PATIENT WARMING APPLICATION**

EXAMINER: JOHN A. JEFFERY

ART UNIT: 3742

CONF. No: 1125

**PLEASE ACKNOWLEDGE RECEIPT OF THE FOLLOWING:**

Amendment Transmittal Letter (+ copy)

Petition for Extension of Time (+ copy)

Terminal Disclaimer



Amendment Under 37 C.F.R. § 1.111

Sent By \_\_\_\_\_

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Q:\Clients\American Healthcare (32922)\8001US6\FAX to PTO.doc

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 329228001US6	
Application No. 10/657,809-Conf. #1125		Filing Date September 8, 2003		Examiner J. A. Jeffery	
				Art Unit 3742	
Applicant(s): Ellis et al.					
Invention: HEATING PAD SYSTEMS, SUCH AS FOR PATIENT WARMING APPLICATIONS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	42	- 54 =	0	x	\$0.00
<b>Independent Claims</b>	7	- 11 =	0	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					55.00
Petition for Extension of Time within first month					55.00
Terminal Disclaimer					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>\$110.00</b>
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-0665</u> in the amount of \$ <u>110.00</u> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0665</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Stephen E. Arnett Attorney Reg. No.: 47,392  PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000				Dated: <u>October 21, 2004</u>	
I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office at (703) 872-9306, on:					
Date: <u>October 21, 2004</u>				By:  Sandy Ralsman	

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☐ Large Entity ☒ Small Entity

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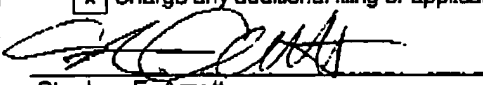
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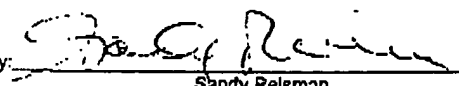
Stephen E. Arnett  
Attorney Reg. No.: 47,392

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(206) 359-8000

Dated: October 21, 2004

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Sandy Reisman